

REQUIREMENTS & INSTRUCTIONS - MARRIAGE AND FAMILY THERAPIST LICENSE APPLICATION

Access this form via www.hawaii.gov/dcca/pvl

APPLICATION FORM

Complete and sign the attached application form in black ink.

Failure to provide all the requested information will delay the processing of your application.

Applicants are subject to meeting all requirements in effect at time of filing. **There is no "reciprocity" (or recognition of Marriage and Family Therapist licensure) in another state.**

DEADLINE

Submit the application and all supporting documents to the department's office by the filing deadline for the specific examination window. Refer to the "Exam Schedule" for specific dates. **All education, practicum and post-master's experience MUST be completed prior to filing the application.** Applications that lack supporting documents required for exam or licensure will not be considered.

EDUCATION

- (1) **Submit** an official graduate school transcript of a master's or doctoral degree from an accredited educational institution in marriage and family therapy or an allied field related to the practice of mental health counseling, which includes the completion of graduate level course work listed below.
- (2) **Submit** a completed "Training Outline" (MFT-03), attached, which shall include a minimum of 9 graduate semester hours or 12 graduate quarter hours in each of the following areas:
 - 1) Marriage and family studies;
 - 2) Marriage and family therapy; and
 - 3) Human development; **AND**
- (3) Include a minimum of 3 graduate semester hours or 4 graduate quarter hours in each of the following areas:
 - 1) Ethical and professional studies; and
 - 2) Research.

A course may be applied only once and may not be repeated in any of the other areas. Courses that are listed on the "Training Outline" must be found on the graduate school transcript.

PRACTICUM

Have your supervisor complete the attached "Practicum Verification Form" (MFT-04), which shall verify completion of a one year practicum within the master's or doctoral degree program, with at least 300 supervised client contact hours.

If you have had multiple supervisors, please duplicate the form.

Attach the completed form to your application.

POST-MASTER'S EXPERIENCE

Have your supervisor complete the attached "Post-Master's Experience Verification Form" (MFT-05), which shall verify completion of 1,000 hours of direct marriage and family therapy experience AND 200 hours of clinical supervision **in not less than 24 months.**

Attach the completed form to your application.

PRACTICUM AND POST-MASTER'S SUPERVISORS

Your supervisor **must** be an individual who is either:

- 1) A licensed marriage and family therapist whose license has been in good standing in any state for two years preceding commencement and during the supervision period; **OR**
- 2) A licensed mental health professional whose license has been in good standing in any state **AND** who has been a **CLINICAL MEMBER** in good standing **IN THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY** for two years preceding commencement and during the supervision period.

If you have had multiple supervisors, please duplicate the forms.

CLINICAL MEMBER OF THE AMERICAN ASSOCIATION FOR MARRIAGE AND FAMILY THERAPY

**EDUCATION AND
EXPERIENCE
EXEMPTION**

CLINICAL members of the American Association for Marriage and Family Therapy (AAMFT) **need NOT** submit the education, practicum and post-master's experience documentation.

Submit an original letter completed by the AAMFT, verifying that you are a **CURRENT CLINICAL member** of the AAMFT. **Attach** this letter to the application.

Clinical members of the AAMFT must still complete the requirements listed under "Examination", "Fees" and "License Fees".

EXAMINATION

All applicants must pass the National Marital and Family Therapy (NMFT) Exam.

•**Applicants for licensure via the NMFT EXAMS**

If taking the NMFT Exam in Hawaii, candidates should submit their application and all supporting documents as soon as possible, but no later than the filing deadline. Electronic testing is provided on Oahu only. Please note that each examination window has a specific filing deadline. For exam information, see www.amftb.org.

•**Applicants for licensure via ENDORSEMENT**

We will recognize applicants who have taken and passed the NMFT Exam in another state, provided an official NMFT Exam score is transferred by the Professional Examination Services (PES) and sent **directly** to our office.

To request a score transfer form, contact PES, Interstate Reporting Service, 475 Riverside Drive, 6th Floor, New York, NY 10115-0089. The telephone number is (212) 367-4342. Score transfer forms can be downloaded from the PES website: www.proexam.org.

Please be advised that we will not process or accept a NMFT Exam score provided by an applicant.

FEES

Attach a check or money order payable to "**Commerce and Consumer Affairs**" for:

Application Fee (non-refundable)\$50

Note: One of the numerous legal requirements that you must meet in order for your new license to be issued is payment of fees as set forth in this application. You may be sent a license card before the check you sent us for your required fees, clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you are entitled to a hearing as provided by Title 16, chapter 201, Hawaii Administrative Rules, and/or chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

**EXAM
REGISTRATION**

Upon approval of your application, you will be mailed a Candidate Bulletin of Information containing testing information and instructions on how to register for the exam. For your information, the amount of the MFT examination will be \$220 and paid directly to the Professional Examination Services (PES). Additional information available at www.amftb.org.

Note: Your AAMFT Clinical Membership must remain **CURRENT** throughout the licensing process. If you fail to pass the exam and your membership expires, you will be required to re-submit an original letter from AAMFT verifying that you renewed your clinical membership **prior** to being declared eligible to sit for the next examination.

ADDRESS

Mail:

Marriage & Family Therapist Program
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
www.hawaii.gov/dcca/pvl

OR

Deliver:

PVL Licensing Branch
335 Merchant St., Room 301
Honolulu, Hawaii 96813
Phone: (808) 586-3000

LICENSE FEES

After all requirements are fulfilled, license fees will be due. Notification of amounts due will be sent to you at the appropriate time.

For license issued in the first year of the triennium pay (2005, 2008, 2011)..... \$250
(License fee - \$45 + Compliance Resolution Fund - \$105 +
2/3 renewal - \$100)

For license issued in the second year of the triennium pay (2006, 2009, 2012) \$165
(License fee - \$45 + Compliance Resolution Fund - \$70 +
1/3 renewal - \$50)

For license issued in the third year of the triennium pay (2004, 2007, 2010) \$ 80
(License fee - \$45 + Compliance Resolution Fund - \$35)

TRIENNIAL RENEWAL

All licenses regardless of issuance date, **shall be renewed triennially (every three (3) years) on or before December 31**, with the next renewal occurring on December 31, 2004. Failure to renew a license shall result in a forfeiture of the license. Licenses which have been forfeited may be restored within one year of the expiration date upon payment of the renewal and restoration fees. Failure to restore a forfeited license within one year of the date of its expiration shall result in automatic termination of the license. Persons with terminated licenses shall be required to apply for licensure as a new applicant.

It is the responsibility of the licensee to inform the Department in writing of any name or address change.

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided.

No action will be taken to provide special testing arrangements until you have been approved to sit for the exam.

LAWS & RULES

To obtain a copy of the laws, Chapter 451J, Hawaii Revised Statutes, send a written request to MFT Program, Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Indicate the specific chapter in your request. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 451J.

The laws are also posted on our website at: www.hawaii.gov/dcca/pvl. Look under "Marriage and Family Therapist".

ABANDONMENT OF APPLICATION

Your application will be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

APPLICATION FOR LICENSE - MARRIAGE AND FAMILY THERAPIST

Effective Date:

License No.

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MFT -

Legal Name (First-Middle)

(LAST)

Residence Address (include apt. no., city, state and zip code)

Mailing Address **ONLY** (if different from above)

Social Security No.

Phone No. (days)

Other Names Used (include maiden name):

Indicate Exam window applying for:

_____ I am a **current** clinical member of the American Association for marriage and family therapy.

_____ I have enclosed an original letter from the AAMFT verifying this status.

Circle or underline your answers. Provide details as needed and submit pertinent documents:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Have you taken and passed the NMFT Exam in another state? YES NO
Provide date you requested your NMFT Exam verification to be sent to our office: _____
- 4) Have you ever been denied a certificate or license to practice Marriage and Family Therapy? YES NO
- 5) a. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- b. Are there any disciplinary actions pending against you? YES NO
- c. Have you ever been disciplined for an ethical violation by a professional association or institution? YES NO
- 6) In the past 20 years have you been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
(If any of your responses to questions #4, #5a, b or c, and #6 were "yes", provide court documentation on date, place, violation of each conviction or disciplinary action and fulfillment of conditions of each sentence).

EDUCATION	Name of Institution	Major Course of Study	Date Graduated	Degree Conferred

EXPERIENCE	Name & Address of Supervisor	Dates (mo/yr)		Position
		From	To	

Affidavit of Applicant:

I certify that the answers and statements made in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, HRS).

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

MFT-02 0704R

App..... 740.....\$50
Lic..... 746.....\$45

CRF.....749.....\$105/\$70/\$35
½ Renewal.....747.....\$100/\$50
Service Fee.....BCF.....\$15

TRAINING OUTLINE - MARRIAGE AND FAMILY THERAPIST

Access this form via www.hawaii.gov/dcca/pvl

NAME OF APPLICANT (First-Middle-LAST) _____

Social Security No: _____

Date: _____

Attach catalog description and syllabus for each course listed on the Training Outline. A course can be used only once and may not be repeated in any other area. Refer to the instruction sheet for the number of credits that are required in each area. Incomplete or illegible forms will not be accepted.

Course Number	Brief Description of Course Content	AMOUNT OF:	
		Semester Hrs.	Graduate Qtr. Hrs.
	<u>MARRIAGE AND FAMILY STUDIES</u> ; Systems Theory, Family Development, Subsystems, Blended Families, Gender Issues in Families, Cultural Issues in Families, etc.		
	TOTAL HOURS	(9)	(12)
	<u>MARRIAGE AND FAMILY THERAPY</u> ; Advanced Family Systems Theories and Systemic Therapeutic Interventions, including Strategic, Structural, Object Relations Family Therapy, Behavioral Family Therapy, Communications Family Therapy, etc.		
	TOTAL HOURS	(9)	(12)
	<u>HUMAN DEVELOPMENT</u> ; Human Development, Child/Adolescent Development, Psychopathology, Personality Theory, Human Sexuality, etc.		
	TOTAL HOURS	(9)	(12)

TRAINING OUTLINE - MARRIAGE AND FAMILY THERAPIST

NAME OF APPLICANT (First-Middle-LAST) _____

Social Security No: _____

Date: _____

Attach catalog description and syllabus for each course listed on the Training Outline. A course can be used only once and may not be repeated in any other area. Refer to the instruction sheet for the number of credits that are required in each area. Incomplete or illegible forms will not be accepted.

Course Number	Brief Description of Course Content	AMOUNT OF:	
		Semester Hrs.	Graduate Qtr. Hrs.
	ETHICAL AND PROFESSIONAL STUDIES		
	TOTAL HOURS	(3)	(4)
	RESEARCH		
	TOTAL HOURS	(3)	(4)

PRACTICUM VERIFICATION - MARRIAGE AND FAMILY THERAPIST

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Requirement: One year practicum within the graduate program, with at least 300 supervised client contact hours.

Instructions to the Applicant: Complete Section 1, **have your supervisor complete Section 2** to verify your practicum experience. Submit the completed form with your application. If you had multiple supervisors, please duplicate this form and have each supervisor complete it.

- **Failure to provide the requested information will delay the processing of your application.**

SECTION 1: APPLICANT	Name (First-Middle)		(LAST)		Social Security No.	
	Address (include apt. no., city, state and zip code)				Phone No.	
	SIGN HERE:				Date	

SECTION 2: SUPERVISOR SECTION 2 MUST BE COMPLETED BY THE SUPERVISOR	<u>TO THE SUPERVISOR:</u> The person named above is applying for a marriage and family therapist license in Hawaii. Please complete SECTION 2 to verify the applicant completed their practicum experience <u>under your supervision</u> . Return the completed form to the applicant.						
	Practicum Dates (mo/yr)		Length of Practicum	Total Practicum Hours	Client Contact Hours	Site of Practicum Experience Name of Agency (Address, City and State)	
	From	To					
			yrs.	mos.	hrs.	hrs.	
	Affidavit of Supervisor: I hereby certify that I am either: [] A licensed marriage and family therapist whose license has been in good standing for two years preceding commencement and during the supervision period; OR [] A licensed mental health professional whose license has been in good standing in any state <u>AND</u> who has been a <u>clinical</u> member in good standing in the American Association for Marriage and Family Therapy (AAMFT) for two years preceding commencement and during the supervision period.						
<div style="text-align: right;">_____ Signature of Supervisor</div> <div>Print your name _____</div> <div>Address _____ _____</div> <div>Phone No. (_____) _____</div> <div>State and Initial Date of Licensure _____</div> <div>License Type, No. and Exp. Date _____</div> <div>AAMFT Clinical Membership Number, Initial and Exp. Date _____ (if applicable)</div>							

POST-MASTER'S EXPERIENCE VERIFICATION - MARRIAGE AND FAMILY THERAPIST

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Requirement: Completion of 1,000 hours of direct of marriage and family therapy experience and 200 hours of clinical supervision in not less than 24 months.

Instructions to the Applicant: Complete Section 1, **have your supervisor complete Section 2** to verify your post-master's experience. Submit the completed form with your application. If you had multiple supervisors, please duplicate this form and have each supervisor complete it.

- **Failure to provide the requested information will delay the processing of your application.**

SECTION 1: APPLICANT	Name (First-Middle)		(LAST)		Social Security No.	
	Address (include apt. no., city, state and zip code)				Phone No.	
	SIGN HERE:				Date	

SECTION 2: SUPERVISOR SECTION 2 MUST BE COMPLETED BY THE SUPERVISOR	TO THE SUPERVISOR: The person named above is applying for a marriage and family therapist license in Hawaii. Please complete SECTION 2 to verify the applicant completed their post-master's experience <u>under your supervision</u> . Return the completed form to the applicant.					
	Experience Dates (mo/yr)		Length of Experience	Total Clinical Supervised Hours	Marriage & Family Therapy Hours	Site of Experience Name of Agency (Address, City and State)
	From	To				
			yrs. mos.	hrs.	hrs.	
	Affidavit of Supervisor: I hereby certify that I am either: [] A licensed marriage and family therapist whose license has been in good standing at least two years preceding commencement and during the supervision period; OR [] A licensed mental health professional whose license has been in good standing in any state <u>AND</u> who has been a <u>clinical</u> member in good standing in the American Association for Marriage and Family Therapy (AAMFT) for two years preceding commencement and during the supervision period.					
_____ Signature of Supervisor Print your name _____ Address _____ _____ Phone No. () _____ State and Initial Date of Licensure _____ License Type, No. and Exp. Date _____ AAMFT Clinical Membership Number, Initial and Exp. Date _____ (if applicable)						